

FILED OCT 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32298

State File No.

BIRTH NO.		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>5775</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Summerset Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0650</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Margaret</u>		a. (First)		b. (Middle) <u>E.</u>		c. (Last) <u>Black</u>	
4. DATE OF DEATH <u>Sept. 24-52</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 18-1874</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u>		11. IF UNDER 1 MIN. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Applegate</u>				13b. MOTHER'S MAIDEN NAME <u>Rebecca Campbell</u>			
14. NAME OF HUSBAND OR WIFE <u>Tom Black-Deceased</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service) <u>X</u>			
16. SOCIAL SECURITY NO. <u>X</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Jack Applegate Princeton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver & Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>1998</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>June 1, 1951</u> , to <u>Sept 24, 1952</u> , that I last saw the deceased alive on <u>Sept 23, 1952</u> , and that death occurred at <u>5 PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Em Perry MD</u> (Degree or title)				23b. ADDRESS <u>Princeton MO</u>			
23c. DATE SIGNED <u>9/26-52</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>9-26-52</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Fairley Ceme.</u>			
24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Funeral Home Princeton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-3-52</u>				REGISTRAR'S SIGNATURE <u>393- [Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

James Martin

Licensed Embalmer No. *3760*

P. O. Address *Princeton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.